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| <b>Issue Classification</b><br> | <b>Application/Control No.</b><br>10584246 | <b>Applicant(s)/Patent Under Reexamination</b><br>NILSSON ET AL. |
|   | <b>Examiner</b><br>DEBORAH YEE             | <b>Art Unit</b><br>1733  |

| ORIGINAL           |                                   |          |    |    |  | INTERNATIONAL CLASSIFICATION |   |   |   |                      |             |  |  |  |  |  |  |  |
|--------------------|-----------------------------------|----------|----|----|--|------------------------------|---|---|---|----------------------|-------------|--|--|--|--|--|--|--|
| CLASS              |                                   | SUBCLASS |    |    |  | CLAIMED                      |   |   |   |                      | NON-CLAIMED |  |  |  |  |  |  |  |
| 148                |                                   | 326      |    |    |  | C                            | 2 | 2 | C | 38 / 22 (2006.01.01) |             |  |  |  |  |  |  |  |
| CROSS REFERENCE(S) |                                   |          |    |    |  | C                            | 2 | 2 | C | 38 / 30 (2006.01.01) |             |  |  |  |  |  |  |  |
|                    |                                   |          |    |    |  | C                            | 2 | 2 | C | 38 / 20 (2006.01.01) |             |  |  |  |  |  |  |  |
| CLASS              | SUBCLASS (ONE SUBCLASS PER BLOCK) |          |    |    |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
| 148                | 325                               | 905      |    |    |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
| 420                | 37                                | 38       | 39 | 67 |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |          |    |    |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |          |    |    |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |          |    |    |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |          |    |    |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |          |    |    |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |          |    |    |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |          |    |    |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |          |    |    |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |          |    |    |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |          |    |    |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |          |    |    |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |          |    |    |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |          |    |    |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |          |    |    |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |

| <input type="checkbox"/> Claims renumbered in the same order as presented by applicant <input type="checkbox"/> CPA <input type="checkbox"/> T.D. <input type="checkbox"/> R.1.47 |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|---|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|
| Final   | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original |
| -   | 1        | 1     | 17       |       |          |       |          |       |          |       |          |       |          |       |          |
| 2   | 2        | 17    | 18       |       |          |       |          |       |          |       |          |       |          |       |          |
| 3   | 3        | 18    | 19       |       |          |       |          |       |          |       |          |       |          |       |          |
| 4   | 4        | 19    | 20       |       |          |       |          |       |          |       |          |       |          |       |          |
| 5   | 5        | 20    | 21       |       |          |       |          |       |          |       |          |       |          |       |          |
| 6   | 6        | 21    | 22       |       |          |       |          |       |          |       |          |       |          |       |          |
| 7   | 7        | 22    | 23       |       |          |       |          |       |          |       |          |       |          |       |          |
| 8   | 8        |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 9   | 9        |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 10  | 10       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 11  | 11       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 12  | 12       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 13  | 13       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 14  | 14       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 15  | 15       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 16  | 16       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |

|   |            |                             |                   |
|---|------------|-----------------------------|-------------------|
| NONE  |            | Total Claims Allowed:<br>22 |                   |
| (Assistant Examiner)                            | (Date)     |                             |                   |
| /DEBORAH YEE/<br>Primary Examiner.Art Unit 1733 | 10/17/2011 | O.G. Print Claim(s)         | O.G. Print Figure |
| (Primary Examiner)                              | (Date)     | 1                           | 4                 |